



Congress of the United States
House of Representatives
Washington, DC 20515

Office of U.S. Congressman Steve King

Congressional Youth Advisory Board Application

Please print or type all requested information. Attach additional sheets if necessary.

*** Please ask a teacher to fill out and mail a teacher evaluation form**

Applicant's Name: _____ Date: _____

School: _____ Grade Level: _____

Guidance Counselor: _____ Phone: _____

Age: _____

Home Address:

Home phone number: _____ Cell Phone: _____

Email: _____

Parent/ Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

List all clubs and activities:

List all volunteer positions you have held or activities you have participated in to better your community:

Would you be available to meet two times per school year during the evening or on weekends?

What would you like to accomplish by serving on the Congressional Youth Advisory Board?

What are your future goals?

What topics or issues most interest you?

Signature: _____ Date: _____

Under 18, Parent or Guardian Signature: _____ Date: _____

Please submit completed application to the Office of Congressman Steve King

In person or by mail to: U.S. Congressman Steve King Or by fax to: Youth Board Coordinator

526 Nebraska Street

202-225-3193

Sioux City, IA 51101



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Teacher Evaluation Form for Congressional Youth Advisory Board Applicant

Applicant's Name: _____ Date: _____

School: _____

Your Name: _____ Phone: _____

Classes Taught: _____ Email: _____

Please rate applicant on scale of 1 – 5, one being unsatisfactory, three being satisfactory and five being outstanding:

1. Knowledge of Current Events:

1 2 3 4 5

2. Leadership Skills/ Ability to Lead Other Students:

1 2 3 4 5

3. Personal Motivation:

1 2 3 4 5

4. Interest in Civic/ Community Service:

1 2 3 4 5

5. Problem Solving/ Reasoning Skills:

1 2 3 4 5

[illegible]

Signature: _____ Date: _____

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